

PART B—ISSUE FEE TRANSMITTAL

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WOODCOCK WASHBURN KURTZ MACKIEWICZ & NORRIS ONE LIBERTY PLACE 46TH FL PHILADELPHIA PA 19103		INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and Zip Code	
		<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/892,190	07/14/97	030	HENLEY III, R	1205 01/29/98
First Named Applicant	MEHTA, ATUL M.			

TITLE OF INVENTION IMPROVED DELIVERY OF MULTIPLE DOSES OF MEDICATIONS

RECEIVED
FEB 02 1998
WOODCOCK, WASHBURN
KURTZ MACKIEWICZ & NORRIS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 CELG-0008	424-459.000	W89	UTILITY	YES	\$660.00	04/29/98

3. Correspondence address change (Complete only if there is a change)

03/23/1998 LBERGER 00000190 08892190
01 FC:242 660.00 OP
02 FC:561 36.00 OP

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

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KURTZ MACKIEWICZ &
NORRIS LLP
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(1) NAME OF ASSIGNEE:	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 12
(2) ADDRESS: (CITY & STATE OR COUNTRY)	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 23-3050 (ENCLOSE A COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input checked="" type="checkbox"/> This application is NOT assigned. <input type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 3-12-98 NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

on: March 12, 1998 (Date)
John W. Caldwell, Reg. No. 28,937 (Name of person making deposit)
(Signature)
3-12-98 (Date)

1. TRANSMIT THIS FORM WITH FEE

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1. CORRESPONDENCE ADDRESS

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ONE LIBERTY PLACE
46TH FL
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12M2/0129

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and Zip Code

Publishing Division

CO-INVENTOR'S NAME

Street Address

City, State and Zip Code

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(Authorized Signature)

(Date)

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☐ Assignment previously submitted to the Patent and Trademark Office.

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